



Application Data Sheet

Application Information

Application number::	10/632,711
Filing Date::	08/01/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	NEW USES FOR INHIBITORS OF INOSINE MONOPHOSPHATE DEHYDROGENASE
Attorney Docket Number::	02307O-124010US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dennis
Middle Name:: A.
Family Name:: Carson
Name Suffix::
City of Residence:: La Jolla
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 9728 Keeneland Row
City of Mailing Address:: La Jolla
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 92037

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Lorenzo
Middle Name:: M.
Family Name:: Leoni
Name Suffix::
City of Residence:: San Diego
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3908 Via Tranquilo
City of Mailing Address:: San Diego
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 92122

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Howard

Middle Name:: B.

Family Name:: Cottam

Name Suffix:: _____

City of Residence:: Escondido

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 3144 Willow Creek Place

City of Mailing Address:: Escondido

State or Province of mailing address:: CA

Country of mailing address:: _____

Postal or Zip Code of mailing address:: 92027

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/400,583	08/02/02

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::